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CONFIRMATION NO. 6557

SERIAL NUMBER 10/773,514	FILING OR 371(c) DATE 02/05/2004 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. 21495-08117
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**** CONTINUING DATA *******
 This appln claims benefit of 60/455,178 03/16/2003 and claims benefit of 60/460,287 04/02/2003 and claims benefit of 60/479,392 06/17/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 13
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ADDRESS
00758

TITLE
Communication device interface

FILING FEE RECEIVED 2224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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